LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page___ of ___Page(s)
THIS SPACE FOR OFFICE USE ONLY

06 JAN 19 AM 11: 28

(Type or print clearly in black ink) See instructions at bottom of page		: '			STATE OF IDAHO		
Lobbyist's name and permanent business address		Date prepared			Period covered		
JULIE LYNDE 5237 UMATILLA A	UE.	1-16-06			year ending (Mo.) (Day) (Yr.)		
BOISE, ID 83709				25 1 2 2	12 31 05		
Item 1 Totals of all reportable expenditures made or	incurred by Lobby	yist or by L	obbyist's Emplo	yer on behalf of I	obbyist's Employer.		
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity * Total Amount for All Employers	Proportionate amou		s contributed by each employer (Identify employers, under page.)				
Do Not Have to be Reported All Employers	Employer No.	1 Em	ployer No. 2	Employer No.	3 Employer No. 4		
Entertainment Food and Refreshment \$ 5/.63	s <u>51.03</u>	\$		\$	_ \$		
Living Accommodations					_		
Advertising							
Travel		_ _	<u> </u>				
Telephone	se data di kacamata D ata di kacamata	<u> </u>					
Other Expenses or Services 132.1 4	132.16	<u></u>			<u>astrojast</u>		
Total \$ 183, 19	s 183.19	Ź_ s_	·	\$	s		
*When the number of employers you are reporting for requi					ld be entered on Page 1.		
Item The totals of each expenditure of more than fifty of							
2 Date Place	An	nount	Names o	f Legislators & Publ	lic Officials in Group		
		-	_				
Continued on attached page(s)	ı	ı					
INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.			Cornerstone Inst. of Idaho No.1 P.O. Box 191023 Boise, ID 83719				
Filing deadline: Annual report is due on January 31	st.	No.2					
TO BE FILED WITH:		**					
Ben Ysursa Secretary of State PO Box 83720		No.3					

No.4

Item 4				by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible any Legislator, or for or on behalf of any legislator.								
	D	ate	Amount		Name of Legislator Receiving or Benefited							
2-	1-0	5	37.05	Senato	rī	John Andreas	son	ر				
					^	Bob Geddes	•					
Item				tion, the number of the Senate	<u> </u>	LEGISLATIVE SUI	в је ст	IDENTIFICATION				
5			resusation or other	r legislative activity in which pposing.	Cod	e Subject	Code	Subject				
Subjec	t Code	Bill, Re	solution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs				
	table)		ive Ident, Number 72 10 1	and Section Number	02	farming, and livestock Amusements, games, athletics and sports	18	and controlled substances, health insurance, hospitals Higher education				
17		5	1140		03	Banking, finance, credit and investments Children, minors, youth,	19 20	Housing, construction, codes Insurance (excluding health insurance)				
31			196		05	senior citizens	21	Labor, salaries and wages, collective bargaining				
31	1	Н	351		06	Consumer affairs Ecology, environment, pollution,	22	Law enforcement, courts, judges, crimes, prisons				
04	1	Н	188		"	conservation, zoning, land and	23	License, permits				
.	ŀ	•			08	water use Education	24 25	Liquor Manufacturing, distribution and				
					10	Elections, campaigns, voting, political parties	26	services Natural resources, forest and forest products, fisheries, mining and mining products				
					11	taxation, revenue, budget, appropriations, bids, fees, funds Government, county	27 28	Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation				
					13		29	Transportation, highways, streets and roads				
					15 16	Government, special districts Government, state	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas				
							31	Other (please specify)				
	·				,	Quelle a.		nde 1-16-06 Date				
						Employer No. 1 signature		1/17/06 Date				
						Employer No. 2 signature		Date				
				above is a true, complete and n 67-6624 Idaho Code.		Employer No. 3 signature		Date				
					1	Employer No. 4 signature		Date				